PSY6

COST-EFFECTIVENESS OF ORAL TRIPTAN THERAPY IN KOREA

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OBJECTIVES: To examine cost-effectiveness of oral triptan medications in Korea, and inform policymakers which triptan has the best/least value for money. **METHODS:** We conducted literature reviews to identify economic and clinical values of triptan therapy. The clinical value of triptans was estimated based on randomized controlled trials (RCT), systematic reviews, and meta-analyses. We refer to previously published economic evaluation studies of triptan medications for selection of outcome measures and design of the simulation model. We built a decision tree model to explore cost-effectiveness of treating single attack in migraine patients. Outcome measures were 2-hour pain free, sustained freedom from pain, and sustained freedom from pain without side effects, based on previous studies and clinical practice guidelines. Cost of treating migraine was estimated by using Korea's national health insurance claims database. Societal perspective was taken. One-way sensitivity analyses, as well as probabilistic sensitivity analyses, were conducted. **RESULTS:** Naratriptan, Sumatriptan, and Zolmitriptans are listed in the Korean National Health Insurance Drug List as of 2007. The efficacy of Naratriptan is inferior to Sumatriptan and Zolmitriptan in terms of 2-hour pain free, sustained freedom from pain, and sustained freedom from pain without adverse events. Cost-effectiveness analysis suggests that Naratriptan and Zolmitriptan are dominated by Sumatriptan in terms of the three observed outcome measures. Sensitivity analyses suggest that our results were robust under different assumptions. **CONCLUSIONS:** Naratriptan and Zolmitriptan are dominated by Sumatriptan in terms of 2-hour pain free, sustained freedom from pain, sustained freedom from pain without side effects. Our results should be interpreted with caution, since Naratriptan and Zolimitriptan may have other values which could not be measured in our study.

SYSTEMIC DISORDERS/CONDITIONS – Patient-Reported Outcomes Studies

PSY8

ACCESS TO CARE AND HEALTH OUTCOMES AMONG THE SEVERE HEMOPHILIA A POPULATION IN CHINA TODAY

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OBJECTIVES: Hemophilia care in China is at a nascent stage and efforts to improve care require a better understanding of current treatment standards, clinical outcomes, and patient health-related quality of life (HRQOL) in China relative to other countries. **METHODS:** Severe hemophilia A patients and their caregivers in China (Beijing and Shanghai), Russia, Argentina, and the United States completed a cross-sectional survey of treatment and health outcomes in 2009. HRQOL was measured using the PEDS-QL for children, the SF-12 for adults and the EQ-5D for all patients. [Due to recruitment methods, the Chinese patient cohort may not be representative of the average Chinese hemophilia patient.]. **RESULTS:** A total of 160, 167, 57, and 117 patients in China, Russia, Argentina and the United States completed the survey, respectively. On average, while Russian, Argentine, and American patients reported being diagnosed within the first year after birth, Chinese patients waited 6 years. Only 18% of the Chinese patients are able to receive FVIII to treat bleeds all of the time, while it is 53%, 86% and 91% for Argentina, Russia and the United States (chi-square $P < 0.0001$). Chinese hemophilia children scored an average of 38.4 on the physical functioning domain of the PEDS-QL; significantly lower than Argentina (61.5), Russia (60.6) and the United States S (82.9) (all $P < 0.0001$). Chinese hemophilia adults reported an average of 33.9 on the SF-12 physical component summary which was significantly lower than patients in Argentina (39.3), Russia (37.4) and the United States (39.8) (all $P < 0.01$). The average EQ-5D health utility score was significantly lower in China (0.49) compared with 0.75, 0.73 and 0.80 in Argentina, Russia and the United States, respectively (all $P < 0.0001$). **CONCLUSIONS:** There is substantial room to improve the HRQOL for Chinese hemophilia patients. Improving access to hemophilia care and Factor VIII treatment may improve health outcomes and thus HRQOL.

PSY9

IMPACT OF CHRONIC IMMUNE THROMBOCYTOPENIC PURPURA AND ITS TREATMENTS ON QUALITY OF LIFE USING THE DELPHI TECHNIQUE

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OBJECTIVES: Impact of chronic immune thrombocytopenic purpura (ITP) and its treatments on quality of life (QoL) was explored. **METHODS:** As the modified generative round, a questionnaire composed of 29 items was developed through literature review and focus group discussion. Then 2-round web based delphi survey was conducted with 11 panelists who were key hematologists and treating most of the ITP patients in Korea. The panelists were asked to make a choice on main discomforts that generally affect ITP patients' QoL and rate the health of non-refractory and refractory patients using EQ5D and VAS. Furthermore, they were requested to indicate their level of agreement on possible aspects of QoL, based on 5-point likert scale. **RESULTS:** The nearly unanimous consensus was made that major factors affecting QoL were consistent bruising, limitation of physical & social activities and psychological distress at bleeding risk. The utility derived from rated QoL for non-refractory ITP was 0.717 for EQ5D and 56.4 for VAS and that for refractory ITP was 0.422 for EQ5D and 47.7 for VAS. The considerable impairment of QoL was figured out for overall chronic ITP patients compared with general population and the decrement of QoL for refractory patients was found far more serious than non-refractory patients (Mean difference of 0.295 for EQ5D). It was also concluded that economic burden from non-reimbursement drug uses was significant determinants of diminution of QoL, in addition to increased risk of bleeding and cumulated side effects from tryouts. **CONCLUSIONS:** ITP and its treatments negatively impact on QoL and most seriously in refractory patients. The treatment that effectively prevents and manages refractory ITP would benefit health-related QoL in chronic ITP patients.

SYSTEMIC DISORDERS/CONDITIONS – Health Care Use & Policy Studies

PSY10

CHARACTERIZATION OF TREATMENT STRATEGIES FOR NEUROPATHIC PAIN: EVIDENCE FROM A PAIN SPECIALIST SETTING IN THAILAND

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OBJECTIVES: This study is aimed to descriptively analyze the treatment strategies of neuropathic pain (NeP) in a pain specialist setting. **METHODS:** A retrospective medical chart review for 266 new NeP patients attending the pain clinic in Siriraj hospital, a tertiary care hospital, over a period of 18 months (January 2008–June 2009) was performed. Collected data included patient characteristics, comorbidities, types of NeP, and the use of pharmacological and non-pharmacological treatments. **RESULTS:** Patients were predominantly female (57.1%) with a mean age of 56 years. Mixed NeP was found to be the most common NeP (60.9%) whereas pure NeP accounted for 39.1%. Over two-thirds of the patients (79.3%) were newly diagnosed at the pain clinic, and a small proportion were diagnosed and referred from other hospital departments (17.3%) and other hospitals (3.4%). Common comorbidities were musculoskeletal disorder (32.7%), malignancy (29.3%) while hypertension and diabetes were less frequently found. Opioids (*O*) (29.5%) and anti-epileptic drugs (*E*) (28.8%) represented the majority of drugs used whereas the use of antidepressants (*D*) and NSAIDs accounted for 18.4% and 10.6% respectively. Intervention for pain relief was prescribed at 1.7%. In mixed NeP, *O* were the most common drug (32.9%) while *E* were most often prescribed in pure NeP (33.0%). We found the three-drug combination ($O + E + D$) was the most common (37.8%) treatment strategy. The four-drug combination ($O + E + D$ + NSAIDs) was the second most common strategy (33.0%). The two-drug combination ($O + E$) and single drug (*E*) accounted for 14.8% and 3.4% respectively. Considering the type of NeP, the most prevalent treatment strategy in pure NeP and mixed NeP was the three-drug combination (44%) and the four-drug combination (36.2%) respectively. **CONCLUSIONS:** NeP treatment strategies using more than two drugs from different therapeutic areas were commonly used in the pain specialist setting. This is due to pain symptoms in NeP being complex and frequently associated with other comorbidities.

URINARY/KIDNEY DISORDERS – Clinical Outcomes Studies

PUK2

COMPARING THE RISK OF DEATH BETWEEN PERITONEAL DIALYSIS AND HEMODIALYSIS IN TAIWAN'S ESRD POPULATION

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OBJECTIVES: To compare the risk of death between peritoneal dialysis (PD) and hemodialysis (HD) patients. **METHODS:** Through the national health-care insurance (NHI) database, we identified a national cohort of 66,080 patients initiating dialysis therapy between January 1, 1998 and December 31, 2006 and followed a maximum of 9 years. To compare the survival functions between PD and HD patients, the Kaplan-Meier life table was applied. Both proportional and non-proportional Cox regression models were conducted to evaluate the relative hazard of death by dialysis modality using the intention-to-treat (ITT) approach. Three propensity score strategies were applied to achieve covariate balance, matching, stratification, and regression adjustment. Subsets analyses were defined by age and diabetes mellitus (DM), and sensitivity analyses were conducted by the logit propensity score. **RESULTS:** The results showed that the hazard ratios (HRs) of PD and HD patients varied by age and with/without DM. Among patients under age 49 with or without DM, PD was associated with a lower risk of death. Among patients aged 50–59, the HR of PD relative to HD was higher for those with DM but was lower for those without DM. For patients aged over 60 with or without DM, the HRs were higher on PD than on HD. We also found that the HRs for PD and HD were not proportional over time. The risk of death for PD patients was generally lower during the first year or first 2 years